

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 585575

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: HOWEY FILL SERVICE, INC.

## Current Principal Place of Business:

2307 SANTY WILLIAMS RD.  
PO BOX 490971  
LEESBURG, FL 34749 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 490971  
LEESBURG, FL 34749 US

## New Mailing Address:

FEI Number: 59-1860522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEADEN, VERONICA  
2307 SANTY WILLIAMS RD.  
LEESBURG, FL 34749 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PEADON, VERONICA C  
Address: 2307 SANTY WILLIAMS RD.  
City-St-Zip: LEESBURG, FL 34749 US

Title: VP ( ) Delete  
Name: CRISP, WILLIAM M III  
Address: 415 DISSTON AVE  
City-St-Zip: TAVARES, FL 32787 US

Title: T ( ) Delete  
Name: BERRY, CHRISTINA L  
Address: 6974 NW 33RD  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA L BERRY

T

04/30/2003

Electronic Signature of Signing Officer or Director

Date